

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

SERIAL NO.

10/543116

FILING DATE

APPLICANTS

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
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18		0				
19		0				
20		0				
21		0				
22	1		1			
23		0		0		
24		0		0		
25		0		0		
26		0		0		
27		0		0		
28		0		0		
29		0		0		
30		0		0		
31		0		0		
32		0		0		
33		0		0		
34		0		0		
35	1					
36	1					
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49						
50						
TOTAL IND.	4		2			
TOTAL DEP.	36		31			
TOTAL CLAIMS	40		33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						